



# **Using Evaluation to Implement Wraparound and Sustain Fidelity, Part 1: Fidelity Tools and Resources of the National Wraparound Initiative**

**California Wraparound Institute**  
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# Agenda for the two sessions

- **Part 1: 10:30 – 12 noon**

- The theory of change for wraparound: What makes it work better for families?
- Implementation: How we get from theory to practice
- The role of measurement in implementation
- What is fidelity measurement?
- What is fidelity measurement in wraparound?
- The measures of the Wraparound Fidelity Assessment System
  - Wraparound Fidelity Index
  - Team Observation Measure
  - Document Review Measure
- Research on these tools
- How you and your program or community can use them

# Agenda for the two sessions

- **Part 2: 1:30pm – 3:00pm**
  - Building meaningful youth involvement into wraparound
  - Community and system supports for wraparound: An overview
  - Measuring system support for wraparound: How it is measured
  - Activity: Community Support Jeopardy!
  - Review of wraparound outcomes studies



Many online resources available from The  
***National Wraparound Initiative***

[www.nwi.pdx.edu](http://www.nwi.pdx.edu)

Of particular interest to today's participants: *The Resource Guide to Wraparound*

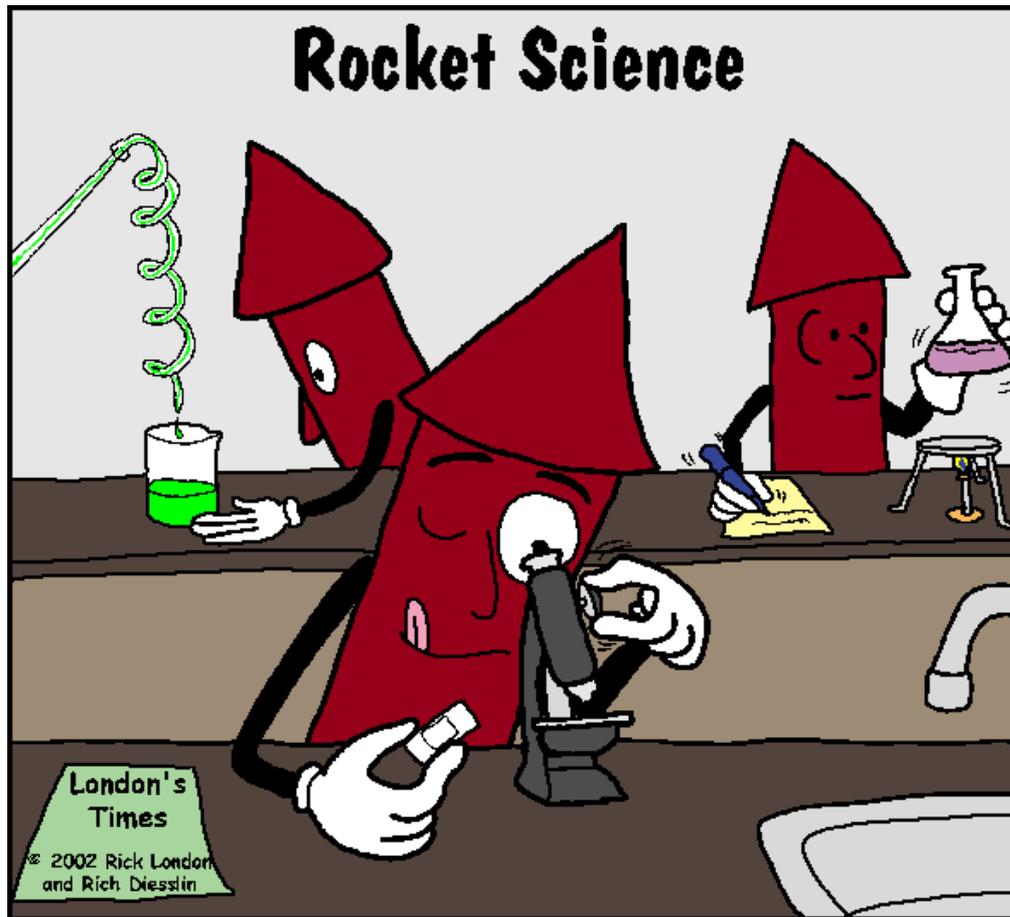
- Section 3: Theory and Research: Five Chapters
- Section 4: Wraparound Practice: Sixteen Chapters

# Three Big Ideas for Session 1

- We need to move from principles to **practice** in doing wraparound
  - i.e., people who have the skills to accomplish the tasks that have been found to achieve outcomes
- The better we implement the practice, the better the outcomes will be for youth and families
- Measuring the quality of practice can help us accomplish both these goals:
  - Better fidelity
  - Better outcomes!

Key resource: National Implementation Research Network  
(NIRN): [www.nirn.org](http://www.nirn.org)

# Implementing wraparound... as hard as...?



# ...brain surgery?



# ...landing a passenger plane on the Hudson?



# Success!



Captain Sullenberger attributed it to:

- Teamwork
- Preparation
- Strict adherence to protocols

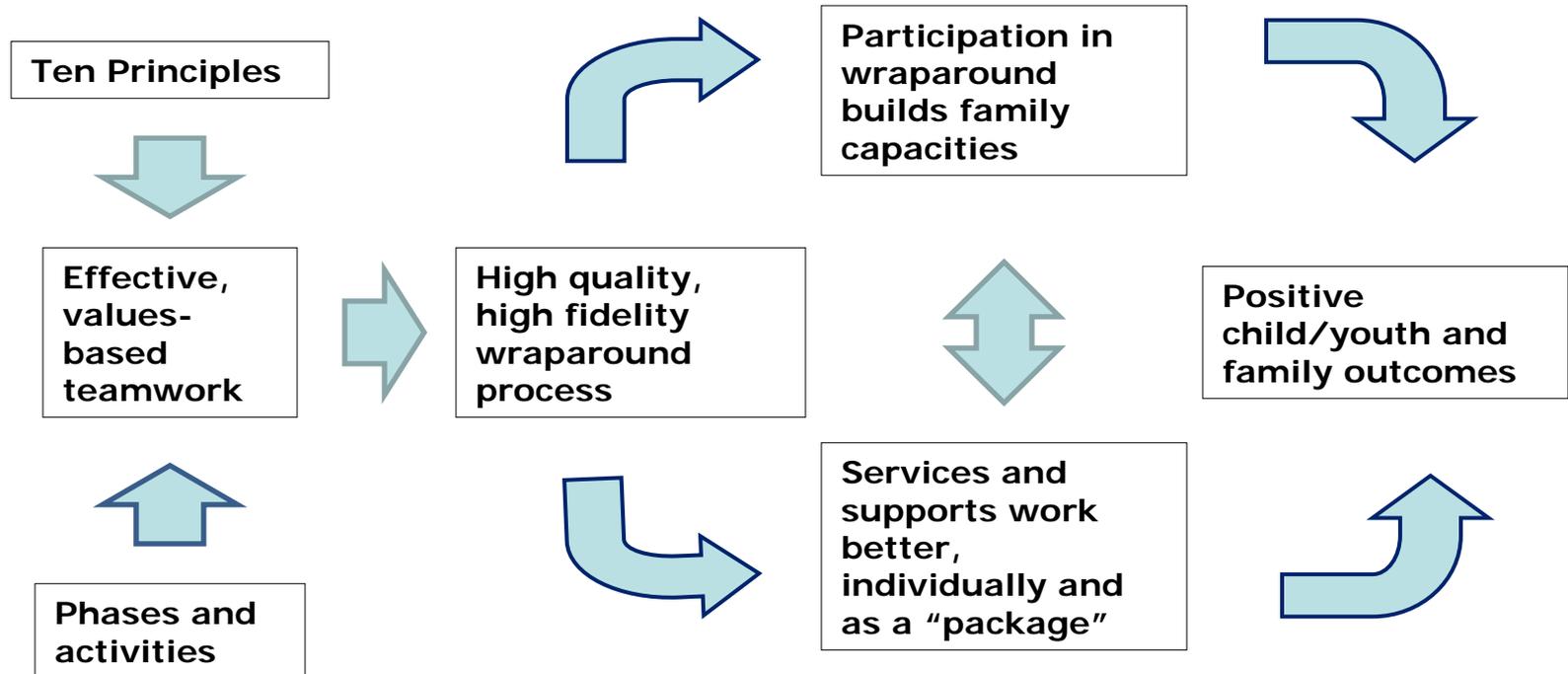
# What leads to success in health care?

- **Knowledge** – Research and experience has provided us with information on “what works”
  - Evidence-based practice
  - Practice-based evidence
- **Competence** – Research and experience provide a solution, and we apply it correctly
  - Collecting and organizing information
  - Using information to make decisions

# Knowledge: How does wraparound work?

What research tells us about practice, process and outcomes

## Theory of change: Outline



# Wraparound Knowledge

Major “routes” to outcomes and implications

- Effective team process means team is more likely to meet its goals
- Good, value-driven wraparound process leads to outcomes because
  - Services and supports work better
  - Family gains in self-efficacy, self-perceptions, and coping

# Wraparound Competence

## *Applying the Wraparound Principles*

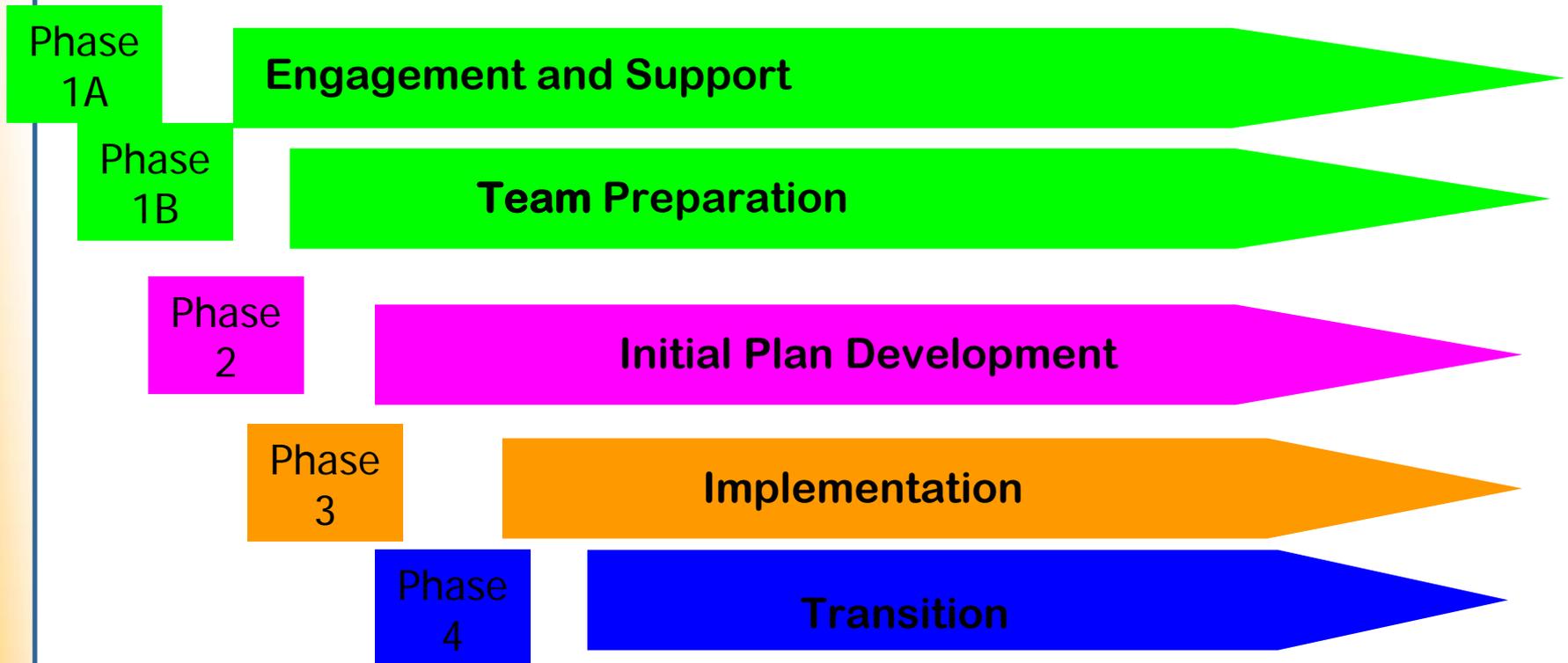
1. Family voice and choice
2. Team-based
3. Natural supports
4. Collaboration
5. Community-based
6. Culturally competent
7. Individualized
8. Strengths based
9. Persistence
10. Outcome-based

Walker, Bruns, Adams, Miles, Osher et al., 2004

# Wraparound Competence

*Implementing the practice model:*

## The Four Phases of Wraparound



Time

# Phase 1 : Engagement and Team Preparation

- Care Coordinator & Family Support Partner meets with the family to discuss the wraparound process and listen to the family's story.
- Discuss concerns, needs, hopes, dreams, and strengths.
- Listen to the family's vision for the future.
- Assess for safety and make a provisional crisis plan if needed
- Identify people who care about the family as well as people the family have found helpful for each family member.
- Reach agreement about who will come to a meeting to develop a plan and where we should have that meeting.

# Phase 2: Initial Plan Development

- Conduct first Child & Family Team (CFT) meeting with people who are providing services to the family as well as people who are connected to the family in a supportive role.
- The team will:
  - Review the family vision
  - Develop a Mission Statement about what the team will be working on together
  - Review the family's needs
  - Come up with several different ways to meet those needs that match up with the family's strengths
- Different team members will take on different tasks that have been agreed to.

# Phase 3: Plan Implementation

- Based on the CFT meetings, the team has created a written plan of care.
- Action steps have been created, team members are committed to do the work, and our team comes together regularly.
- When the team meets, it:
  - Reviews Accomplishments (what has been done and what's been going well);
  - Assesses whether the plan has been working to achieve the family's goals;
  - Adjusts things that aren't working within the plan;
  - Assigns new tasks to team members.

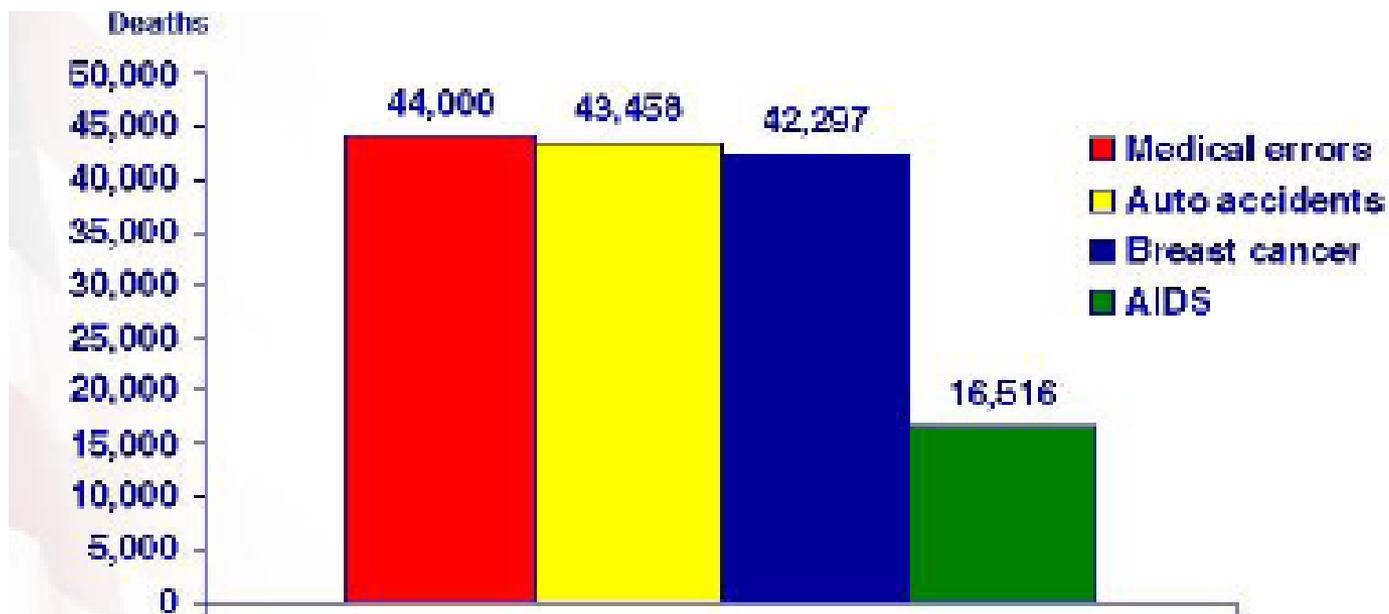
# Phase 4: Transition

- There is a point when the team will no longer need to meet regularly.
- Transition out of Wraparound may involve a final meeting of the whole team, a small celebration, or simply the family deciding they are ready to move on.
- The family will get a record of what work was completed as well as list of what was accomplished.
- The team will also make a plan for the future, including who the family can call on if they need help or if they need to re-convene their team.
- Sometimes transition steps include the family and their supports practicing responses to crises or problems that may arise

# How Do We Measure Competence?

- Example: Surgical Safety
  - 234 million operations each year
  - Many surgery complications and deaths are preventable

# Deaths due to Medical Errors: U.S.



Source: The Institute of Medicine (IOM), *To Err is Human: Building a Safer Health System* (Washington, D.C. National Academy Press, 2000)

Note: Some deaths for cause other than medical errors are from the CDC, National Center for Health Statistics, Births and Deaths: Preliminary Data for 1999, *National Vital Statistics Reports*, (2000), accessed in *To Err is Human*.

# Measuring implementation in Surgery

- Sign In Checklist
  - Before the induction of anesthesia, members of the team orally confirm that:
    - The patient has verified his identity, surgical site, procedure, and consent
    - The surgical site is marked if appropriate
    - The pulse oximeter is on the patient and functioning
    - All members of the team are aware if the patient has an allergy
    - The patient's airway and risk of aspiration have been evaluated and appropriate equipment is on hand
    - Appropriate access to blood and fluids are available.

# Measuring implementation in Surgery

- Time out Checklist
  - Before incision, the entire team orally:
    - Confirms that all team members have been introduced by name and role
    - Confirms the patient's identity, surgical site, and procedure
    - Reviews the anticipated critical events
    - Confirms that prophylactic antibiotics have been administered  $\leq 60$  min before incision or that they are not indicated
    - Confirms that all essential imaging results are displayed in the room

# Measuring implementation

- Sign Out Checklist
  - Before the patient leaves the operating room, the nurse reviews items aloud with the team:
    - Name of the procedure as recorded
    - That the needle, sponge, and instrument counts are complete
    - That the specimen is correctly labeled
    - Whether there are any equipment issues
  - The team reviews aloud the key concerns for recovery and patient care

# Results

<b><u>Complications</u></b>	<b><u>Before</u></b>	<b><u>After</u></b>	<b><u>p value</u></b>
Surgical site infection	6.2	3.4	< .001
Death	1.5	0.8	< .01

<b><u>Process Measures</u></b>	<b><u>Before</u></b>	<b><u>After</u></b>	<b><u>p value</u></b>
Prophylactic antibiotics given	56.1	82.6	< .001
Orally confirming patient's identity	54.4	92.3	< .001

# Implications

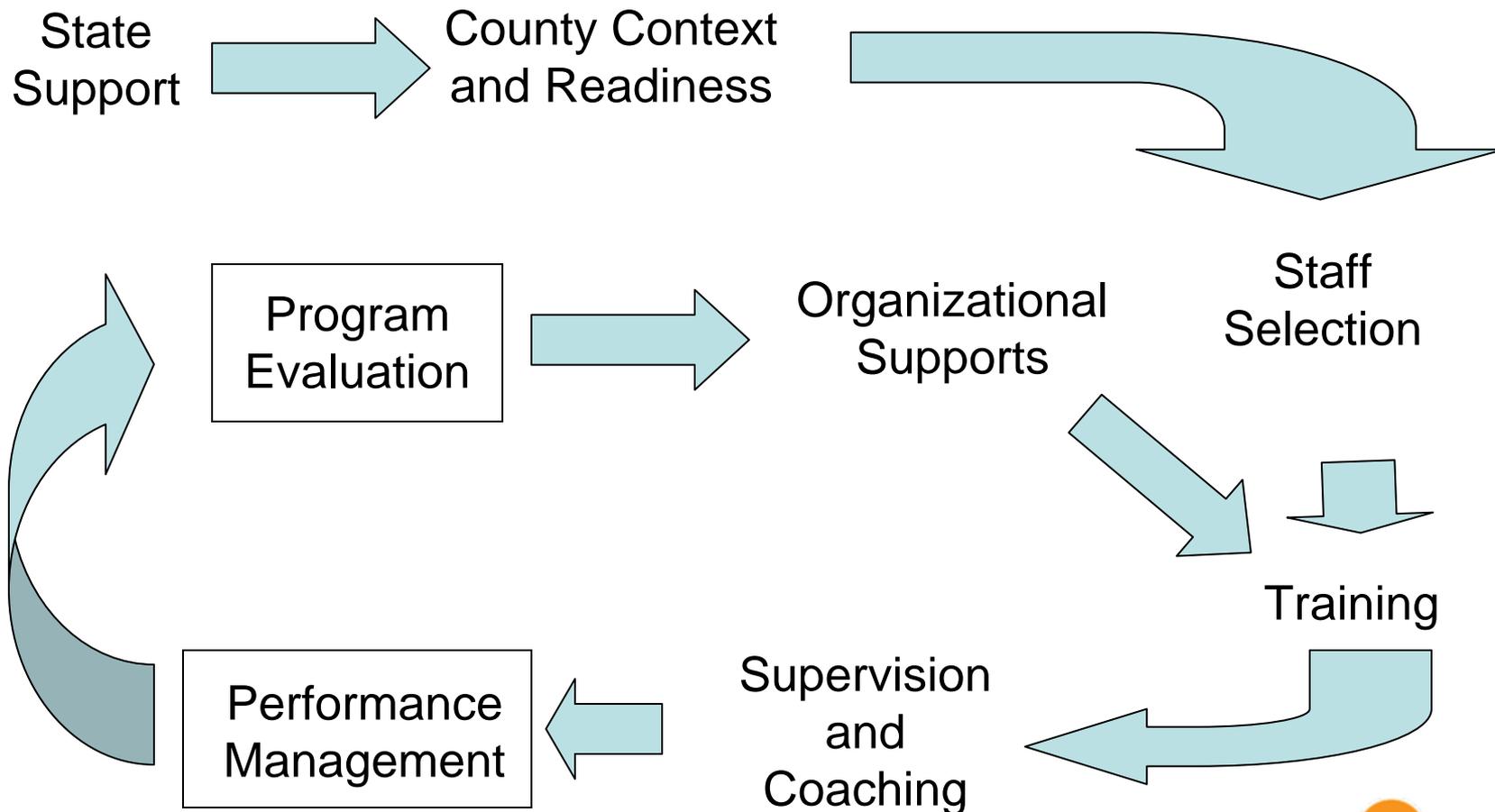
- What did the checklist accomplish?
  - Ensured similar information for all team members
  - Improved team communication
  - Improved consistency of care across teams

# Why do we need implementation quality checks in wraparound?

Studies indicate that Wraparound teams often fail to:

- Incorporate full complement of key individuals on the Wraparound team;
- Engage youth in community activities, things they do well, or activities to help develop friendships;
- Use family/community strengths to plan/implement services;
- Engage natural supports, such as extended family members and community members;
- Use flexible funds to help implement strategies
- Consistently assess outcomes and satisfaction.

# Implementation with High Fidelity Requires...



# How might we measure implementation of wraparound???

- Have facilitators and team members fill out activity checklists
- Look at plans of care and meeting notes
- Sit in on and observe team meetings
- Interview the people who know—parents, youth, facilitators, program heads



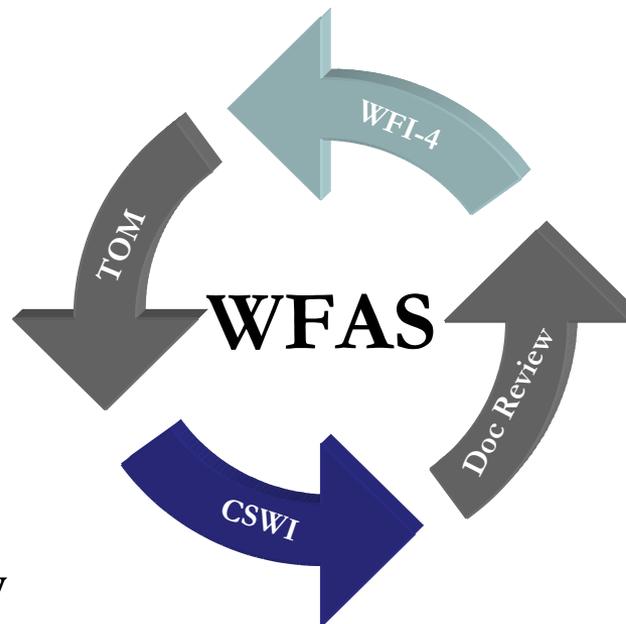
# Wraparound Fidelity Assessment System

[www.wrapinfo.org](http://www.wrapinfo.org) or

<http://depts.washington.edu/wrapeval>

**TOM** – Team  
Observation  
Measure

**WFI-4** –  
Wraparound  
Fidelity Index



**CSWI** – Community  
Supports for  
Wraparound  
Inventory

**DRM** - Document  
Review Measure

# The Wraparound Fidelity Index, version 4

- Assesses implementation of the wraparound process through brief interviews with multiple respondents
  - Caregivers
  - Youths
  - Wraparound Facilitators
  - Team Members
- Found to possess good psychometric characteristics
  - Test-retest reliability
  - Inter-rater agreement
  - Internal consistency
- Used in research on wraparound
- Even more widely as a quality assurance mechanism by wrap programs

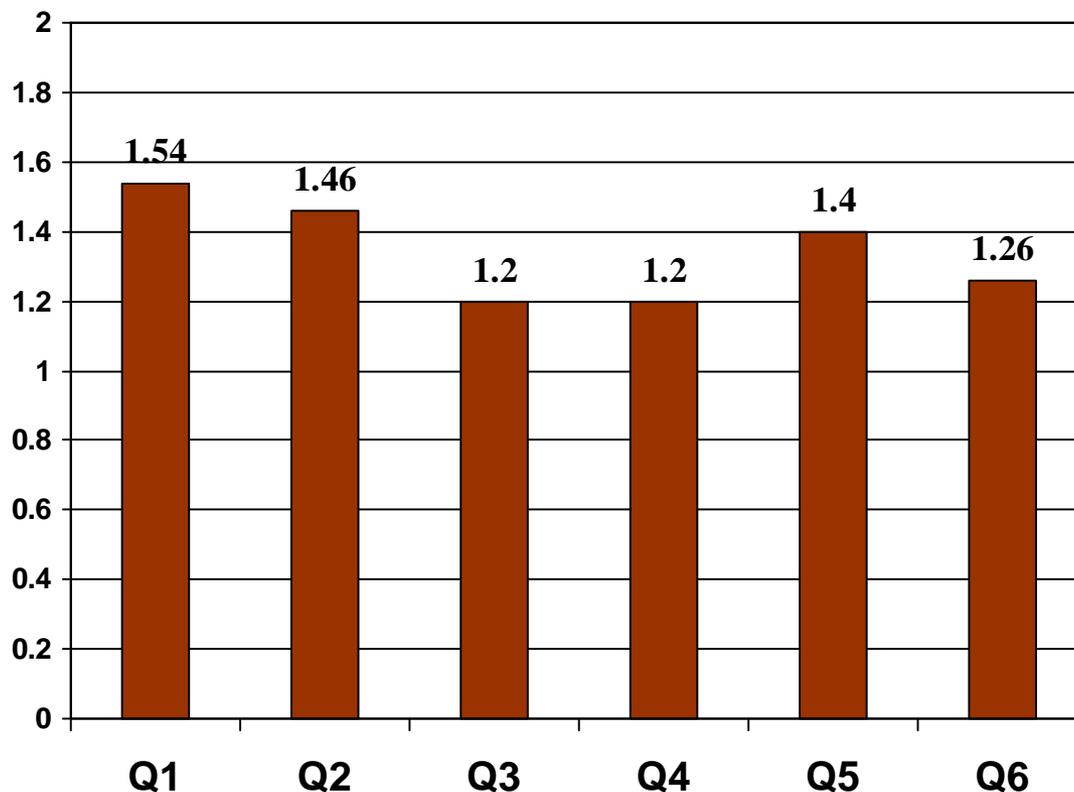
# Wraparound Fidelity Index, v.4

- Items on the principles and core activities, organized by the 4 phases of wraparound
  - **Engagement:** Did you select the people who would be on your youth and family team?
    - Principle = Team based
  - **Planning:** Does the plan include strategies for helping your child get involved with activities in the community?
    - Principle = Community based
  - **Implementation:** Does the team evaluate progress toward the goals of the plan at every team meeting?
    - Principle = Outcome based
  - **Transition:** Will some members of your team be there to support you when formal wraparound is complete?
    - Principle = Persistence

# WFI Items: Engagement and Team Preparation Phase

Phase 1: Engagement		Yes	Sometimes Somewhat	No
1. CC	When you first met your wraparound facilitator, were you given time to talk about your family's strengths, beliefs, and traditions? <i>Circle one: YES NO</i>	YES to both questions	YES to only the first question	NO to the first question
	Did this process help you appreciate what is special about your family? <i>Circle one: YES NO</i>	2	1	0
2. FVC	Before your first team meeting, did your wraparound facilitator fully explain the wraparound process and the choices you could make?	2	1	0
3. SB	At the beginning of the wraparound process, did you have a chance to tell your wraparound facilitator what things have worked in the past for your child and family?	2	1	0
4. TB	Did you select the people who would be on your wraparound team?	2	1	0
5. TB	Is it difficult to get agency representatives and other team members to attend team meetings when they are needed?	0	1	2
6. OB	Before your first wraparound team meeting, did you go through a process of identifying what leads to crises or dangerous situations for your child and your family?	2	1	0

# Reports from the WFI: Individual items (Engagement phase)



Q1. Were you given time to talk about your family's strengths, beliefs, and traditions?  
*True - 10 Partly True - 3 Not True - 2*

Q2. Did your facilitator fully explain wraparound & the choices you could make?  
*True - 9 Partly True - 4 Not True - 2*

Q3. Did you have a chance to tell your wraparound facilitator what has worked in the past for your child and family?  
*True - 7 Partly True - 4 Not True - 4*

Q4. Did you select the people who would be on your wraparound team?  
*True - 7 Partly True - 4 Not True - 4*

Q5. Is it difficult to get team members to meetings when they are needed?  
*True - 9 Partly True - 3 Not True - 3*

Q6. Did you go through a process of identifying what leads to crises for yr family?  
*True - 8 Partly True - 3 Not True - 4*

# Team Observation Measure

- The Team Observation Measure (TOM) is employed by external evaluators to assess adherence to standards of high-quality wraparound during team meeting sessions.
- It consists of 20 items, with two items dedicated to each of the 10 principles of wraparound.
- Each item consists of 3-5 indicators of high-quality wraparound practice as expressed during a child and family team meeting.
- Internal consistency very good
- Inter-rater reliability found to be adequate (Average 79% agreement for all indicators)

# Sample TOM report:

*Most frequently observed TOM indicators*

#	Item	Pct.	SD
20a	The team's mission and/or needs support the youth's integration into the least restrictive residential and educational environments possible	96%	.208
1a	Parent/caregiver is a team member and present at meeting	92%	.266
12e	Members of the team use language the family can understand	92%	.271
18d	Serious challenges are discussed in terms of finding solutions, not termination of services or sanctions.	91%	.288
3a	There is a written agenda or outline for the meeting, which provides an understanding of the overall purpose of meeting	89%	.320
11e	Talk is well distributed across team members and each team member makes an extended or important contribution	89%	.320
18e	There is a sense of openness and trust among team members	89%	.320
20d	Serious behavioral challenges are discussed in terms of finding solutions, not placement in more restrictive residential or educational environments	89%	.332

# Sample TOM report:

## *Least frequently observed TOM indicators*

#	Item	Pct	SD
8a	In designing strategies, team members consider and build on strengths of the youth and family	28%	.458
13b	The team assesses goals/strategies using measures of progress	26%	.446
5d	The facilitator leads a robust brainstorming process to develop multiple options to meet priority needs.	23%	.429
7c	Community team members and natural supports have a clear role on the team	23%	.429
14a	The team conducts a systematic review of members' progress on assigned action steps	23%	.429
19a	The team is actively brainstorming and facilitating community activities for the youth and family	23%	.429
8b	The plan of care represents a balance between formal services and informal supports	17%	.380
1c	Key natural supports for the family are team members and present	11%	.362

# Document Review Measure

- Consists of 20 items
- Each wraparound principle linked to 3 items
- Scale = 0-4, with criteria for each point on the scale
- Source material = documentation (electronic or paper) related to youth's wraparound process
  - Strengths, needs, culture discovery documentation
  - Wraparound plan of care
  - Crisis plan
  - Transition plan
  - Progress notes

# What else can we do?

- Take the monitoring example to the wraparound team level
  - Develop a “dashboard” with key outcomes and processes to track
  - Things you can measure:
    - Core outcomes (Residential, school, staying out of trouble)
    - The team’s goals and progress toward them
    - Social connectedness of the youth and family
    - How well the team thinks it is functioning
  - The NWI is currently working on this...

# What is the connection between fidelity and outcomes with wraparound?

- Families who experience better outcomes have staff who score higher on fidelity tools (Bruns, Rast et al., 2006; Effland, McIntyre, & Walton, 2010)



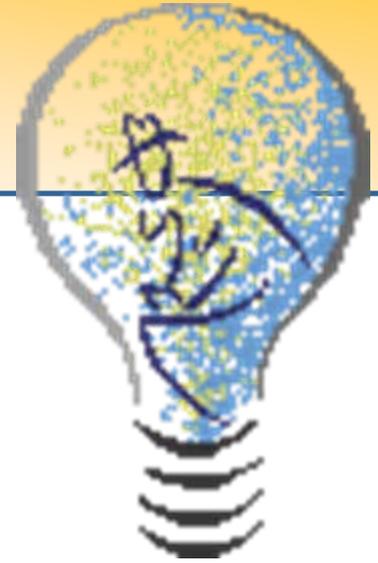
- Wraparound initiatives with positive fidelity assessments demonstrate more positive outcomes (Bruns, Leverentz-Brady, & Suter, 2008)

# Relationship between WFI fidelity and outcome

Level of Wraparound Fidelity	# of Youth with at least one WFI & CANS outcomes	% with Reliable Improvement In CANS score
High (>85%)	28	82.1
Adequate (75-85%)	41	65.9
Borderline (65-75%)	13	69.2
Not Wraparound (<65%)	9	55.6

Effland, McIntyre, & Walton, 2010

# What does it take to get high fidelity scores?



- Training and coaching found to be associated with gains in fidelity and higher fidelity
- Communities with better developed supports for wraparound show higher fidelity scores
  - Measuring fidelity is a major part of the community's effort to maintain high fidelity
    - "What gets measured gets done"
    - Who should be involved?
      - Trainers and coaches, supervisors, evaluators and community teams

# In Part 2 of our session...



# Also in part 2...

- Youth participation in wraparound
- Achieve My Plan!
- Outcomes of wraparound from national studies



# Resources and Websites

- [www.nwi.pdx.edu](http://www.nwi.pdx.edu)!
- [www.wrapinfo.org](http://www.wrapinfo.org) – Portal to
  - *The Resource Guide to Wraparound*
  - Website of the National Wraparound Initiative (NWI)
  - Wraparound Evaluation and Research Team (WERT) – wraparound fidelity tools
- Other wraparound resources:
  - [www.Paperboat.org](http://www.Paperboat.org)
  - <http://www.milwaukeecounty.org/WraparoundMilwaukee7851.htm>
  - [www.tapartnership.org](http://www.tapartnership.org)
  - [www.systemsofcare.samhsa.gov](http://www.systemsofcare.samhsa.gov)



The **National Wraparound Initiative** is based in Portland, Oregon. For more information, visit our website:

[www.nwi.pdx.edu](http://www.nwi.pdx.edu)



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